

State of New Hampshire Insurance Department

REVIEW REQUIREMENTS CHECKLIST FOR VISION - GROUP

LINE OF BUSINESS: VISION

TOI CODES: H20G.000

INSTRUCTIONS FOR SERFF FILINGS CHECKLIST:

- A. For ALL filings, the [Submissions Requirements Checklist](#) MUST be completed and attached to the supporting documentation tab.
- B. For a FORM filing, the completion of additional sections below must be completed, depending on the forms submitted.
 - a. Policy/Certificate
 - b. Riders, endorsements or amendments
 - c. Applications
 - d. Advertising
 - e. Annual Actuarial Certification
- C. RATES are required to be filed in accordance with [NH CAR Part Ins 401.12 \(o\)](#) and [NH CAR Part Ins 4100](#). Additional requirements may be necessary, depending on the Type of Insurance (TOI).

This checklist MUST be completed to assist in the submission and review of forms submitted to the New Hampshire Insurance Department. It is not intended to be an all inclusive listing of required provisions, rather guidance for areas of frequent questions and areas needing special attention. All New Hampshire Statutes and Rules are available at:

http://www.gencourt.state.nh.us/rules/state_agencies/ins.html
<http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII.htm>

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REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
SECTION 1 GENERAL REQUIREMENTS			
ADVERTISING	NHCAR Part Ins 2600	Advertising Guidelines	YES: NO: Page # or If NO:
ASSUMPTIONS/ MERGERS/ REDOMESTICATIONS AND DEMUTUALIZATION, ETC.		Coordination with NHID Examinations Division is required. Forms must be filed for approval.	YES: NO: Page # or If NO:
COVER PAGE (Form Number)	NHCAR Part Ins 401.03(a)	Form number in lower left hand corner of face page	YES: NO: Page # or If NO:
DISCLOSURE COVER PAGE REQUIREMENT	NHCAR Part Ins 1901.07(a)(24)	All vision plan policies and certificates shall display prominently by type, stamp or other appropriate means on the first page of the policy or certificate, or attached to it, in either contrasting color or in boldface type at least equal to the size type used for headings or captions of sections in the [policy] [certificate] the following: "Notice to Buyer: This [policy] [certificate] provides vision benefits only."	YES: NO: Page # or If NO:
READABILITY NON-ENGLISH POLICIES		English version of forms must be approved. Foreign Language forms may be submitted with English version along with accurate and same meaning certification.	YES: NO: Page # or If NO:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
SECTION 2 APPLICATIONS			
HOME OFFICE BOX	RSA 415:11	H.O. Box - No alteration of any written application for insurance, by erasure, insertion or otherwise, shall be made by any person other than the applicant without his written consent, and the making of any such alteration without the consent of the applicant shall be a misdemeanor.	YES: NO: Page # or If NO:
APPLICATION DISCLOSURE	NHCAR PART Ins. 1901.07 (a) (3)	All applications for vision plans shall contain a prominent statement by type, stamp or other appropriate means in either contrasting color or in boldface type at least equal to the size type used for the headings or captions of sections of the application and in close conjunction with the applicant's signature block on the application as follows: "The [policy] [certificate] provides vision benefits only. Review your [policy] [certificate] carefully."	YES: NO: Page # or If NO:
SECTION 3 POLICY/CERTIFICATE FORM			
DISCLOSURES	NHCAR Part 401.03 (i)	Any policy or certificate that contains exclusions, limitations, reductions, or conditions of such a restrictive nature that the payment of benefits under such policies is limited in frequency or in amounts shall carry the legend "This is a Limited Policy - Read it Carefully" imprinted in not less than 18-point outline type of contrasting color or not less than 24-point outline type of non-contrasting color diagonally across the face and filing back, if any, of the policy;	YES: NO: Page # or If NO:

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FREE LOOK	NHCAR Part Ins. 1901.07 (a) (11)	<p>The following provision shall appear in a conspicuous place on the face page of all accident and health policies except for nonrenewable travel insurance policies written for terms of less than one year:</p> <p>"This policy may, at any time within 30 days after its receipt by the policyholder, be returned by delivering it or mailing it to the company or the agent through whom it was purchased. Immediately upon such delivery or mailing, the policy will be deemed void from the beginning, and any premium paid on it will be refunded."</p>	<p>YES: NO: Page # or If NO:</p>
GRACE PERIOD	RSA 415:18 I (p)	<p>A provision that the policyholder is entitled to a grace period of 31 days for the payment of any premium due except the first, during which grace period the coverage shall continue in force, unless the policyholder has given the insurer written notice of discontinuance in advance of the period for which payment is due, and in accordance with the terms of the policy. The policy may provide that the policyholder shall be liable to the insurer for the payment of a portion of the premium corresponding to the time within the grace period during which the policy was in force.</p>	<p>YES: NO: Page # or If NO:</p>

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INCONTESTABILITY	RSA 415:18 l (r)	A provision that the validity of the policy shall not be contested except for nonpayment of premiums, after it has been in force for 2 years from its date of issue; and that no statement made by any person covered under the policy relating to insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of 2 years during such person's lifetime, nor unless it is contained in a written instrument signed by the person making such statement. No such provision, however, shall preclude the assertion, at any time, of defenses based upon the person's ineligibility for coverage under the policy or upon other provisions in the policy, except for any provisions establishing, as a requirement of eligibility, the furnishing of satisfactory evidence of insurability to the insurer.	YES: NO: Page # or If NO:
WAITING PERIOD		Reasonable waiting period is permitted for vision.	YES: NO: Page # or If NO:
LEGAL ACTION	RSA 415:18 l (n)	A provision that no action at law or in equity shall be brought to recover on the policy prior to the expiration of 60 days after proof of loss has been filed in accordance with the requirements of the policy and that no such action shall be brought at all unless brought within 2 years from the expiration of the time within which proof of loss is required by the policy.	YES: NO: Page # or If NO:

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ENTIRE CONTRACT	RSA 415:18 I (a)	A provision that no statement made by the applicant for insurance shall avoid the insurance or reduce benefits thereunder unless contained in the written application signed by the applicant; and a provision that no agent has authority to change the policy or to waive any of its provisions; and that no change in the policy shall be valid unless approved by an officer of the insurer and evidenced by endorsement on the policy, or by amendment to the policy signed by the policyholder and the insurer.	YES: NO: Page # or If NO:
CLAIM NOTICE	RSA 415:18 I (h)	A provision that written notice of sickness or of injury must be given to the insurer within 20 days after the date when such sickness or injury occurred. Failure to give notice within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.	YES: NO: Page # or If NO:
PROOF OF LOSS	RSA 415:18 I (i)	A provision that in the case of claim for loss of time for disability, written proof of such loss must be furnished to the insurer within 30 days after the commencement of the period for which the insurer is liable, and that subsequent written proofs of the continuance of such disability must be furnished to the insurer at such intervals as the insurer may reasonably require, and that in the case of claim for any other loss, written proof of such loss must be furnished to the insurer within one year after the date of such loss in the case of a group Medicare supplement insurance policy or certificate and within 90 days after the date of such loss in the case of any other group accident and health insurance policy or certificate. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof and that such proof was furnished as soon as was reasonably possible.	YES: NO: Page # or If NO:

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CLAIM FORMS	RSA 415:18 I (j)	A provision that the insurer will furnish to the policyholder such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished before the expiration of 15 days after the insurer receives notice of any claim under the policy, the person making such claim shall be deemed to have complied with the requirements of the policy as to proof of loss upon submitting within the time fixed in the policy for filing proof of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.	YES: NO: Page # or If NO:
TIME PAYMENT OF CLAIM	RSA 415:18 I (l)	A provision that all benefits payable under the policy other than benefits for loss of time will be payable not more than 60 days after receipt of proof, and that, subject to due proof of loss all accrued benefits payable under the policy for loss of time will be paid not later than at the expiration of each period of 30 days during the continuance of the period for which the insurer is liable, and that any balance remaining unpaid at the termination of such period will be paid immediately upon receipt of such proof.	YES: NO: Page # or If NO:
DEPENDENT	RSA 415:5 I (3-a)	It purports to insure only one person, except that a policy may, at the election of the carrier, insure, originally or by subsequent amendment, upon the application of an adult member of a family who shall be deemed the policyholder, any 2 or more eligible members of that family, including husband, wife, dependent children, or any other person dependent on the policyholder. In the event a carrier elects to provide coverage for dependent children, the term "dependent child" shall include a subscriber's child by blood or by law, who is under age 26.	YES: NO: Page # or If NO:

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DISABLED DEPENDENT	RSA 415:5 I (3-a)(a)	(3-a)(a) The coverage of any family member insured by such policy, pursuant to subparagraph (3), who is mentally or physically incapable of earning his or her own living on the date as of which such dependent's status as a covered family member would otherwise expire because of age, shall continue under such policy while such policy remains in force or is replaced by another policy as long as such incapacity continues and as long as said dependent remains chiefly financially dependent on the policyholder or the employee or his or her estate is chargeable for the care of said dependent, provided that due proof of such incapacity is received by the insurer within 31 days of such expiration date.	YES: NO: Page # or If NO:
NEWBORN	RSA 415:22	<p>I. All individual and group health insurance policies providing coverage on a provision of service or an expense incurred basis shall also provide that the health insurance benefits applicable for children are payable with respect to a newly born child of the insured or subscriber or a newly born child of a dependent child of the insured or subscriber from the moment of birth.</p> <p>II. Coverage for newly born children shall consist of coverage of injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.</p> <p>III. If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of a newly born child and payment of the required premium or fee must be furnished to the insurer or nonprofit service or indemnity corporation within 31 days after the date of birth in order to have the coverage continue beyond such 31-day period. Unless the policy or contract specifically provides that grandchildren of the insured or subscriber are eligible for coverage, coverage for newly born children of a dependent child of the insured or subscriber shall not continue beyond the initial 31-day period following birth. Nor shall such newly born children be considered dependents of the insured for any purpose addressed in this title.</p>	YES: NO: Page # or If NO:

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ADOPTIVE	RSA 415:22-a	All individual and group health insurance policies which provide coverage for a family member of the insured shall, as to such family member's coverage, also provide that health insurance benefits applicable for children are payable with respect to any minor from the date such minor is placed in the custody of the insured pursuant to an adoption proceeding under the provisions of RSA 170-B. Such health insurance benefits shall terminate upon dismissal or withdrawal of the petition for adoption.	YES: NO: Page # or If NO:
PATIENTS' BILL OF RIGHTS	RSA 415:18 XIV	An insurer issuing policies of group insurance shall provide to each new certificate holder who is a resident of this state a copy of the patients' bill of rights law under RSA 151:21.	YES: NO: Page # or If NO:
OUTLINE OF COVERAGE	NHCAR PART Ins 1901.07 (n)	<p>Vision Plans (Outline of Coverage). An outline of coverage in the form prescribed below shall be issued in connection with vision plan policies and certificates. The items included in the outline of coverage shall appear in the sequence prescribed:</p> <p>(1) Read Your [policy] [certificate] Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR [POLICY] [CERTIFICATE] CAREFULLY!</p> <p>(2) A brief specific description of the benefits.</p> <p>(3) A description of any provisions that exclude, eliminate, restrict, reduce, limit, delay or in any other manner operate to qualify payment of the benefits described in (2) above.</p> <p>(4) A description of policy provisions respecting renewability or continuation of coverage, including age restrictions or any reservations of right to change premiums.</p>	YES: NO: Page # or If NO:

SECTION 4 RATES

RATE SUBMISSIONS	NHCAR PART Ins 4100	REQUIREMENTS FOR ACCIDENT AND HEALTH INSURANCE RATE SUBMISSIONS	YES: NO: Page # or If NO:
<u>NEW HAMPSHIRE INSURANCE DEPARTMENT VISION NOTES:</u>			
STATUTE LINK(S): RSA 415 , INDEX			
REGULATION LINK(S): NHCAR PART INS 401 , 1900 , & 4100 - INDEX			